

DEPARTMENT OF HEALTH SERVICES  
850 MARINA BAY PARKWAY  
RICHMOND, CA 94804



## **Sentinel Provider Influenza Surveillance System Frequently Asked Questions**

### ***My schedule is very busy. Why should I take the time to be an influenza sentinel provider?***

The most important reason to volunteer is that the data you provide are critical for protecting the public's health. Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 20,000 deaths) every winter. Data from sentinel providers are critical for monitoring the impact of influenza and to guide prevention and control activities, vaccine strain selection, and patient care.

### ***What are my primary responsibilities as a sentinel provider? May I participate in the Sentinel Provider Influenza Surveillance System by only sending diagnostic specimens to the state Viral and Rickettsial Diseases Laboratory (VRDL)?***

The Sentinel Provider Influenza Surveillance Network is first and foremost a system for tracking the weekly proportion of Influenza-Like-Illness (ILI) cases in your practice. Therefore, we request that at a minimum, sentinel providers log reports of ILI. Providing specimens is also very important and valuable since specimens tell us which flu strains are circulating.

### ***Which specimens should we send to VRDL?***

Ideal specimens are from patients presenting:

- at the beginning, peak, and end of the influenza season,
- with severe disease,
- with recent overseas travel, or
- in an outbreak setting.

If you have a patient with an unusual presentation but which you suspect to be flu, you might also want to send in a specimen.

### ***I can't find my CDC work folder which had my password; what should I do?***

Please contact our program coordinator, Erica Boston ([eboston@dhs.ca.gov](mailto:eboston@dhs.ca.gov); (510) 620-3846. She will provide you with a replacement work folder, or give you your ID and password if that is all you need.

### ***Which weeks mark the beginning and end of the ILI reporting for the season?***

Ideally, we would like you to report year-round, especially now that avian flu activity is occurring overseas throughout the year. However, most of our providers start reporting in the first week of October and end in mid May.

***Do I need to report for a week in which I did not see any patients with ILI?***

Yes. It is important for our surveillance to know the proportion of patients you see each week for ILI; even if none of your patients had ILI.

***To which practices do you provide the Rapid Flu Test Kit incentive?***

We provide test kits as incentives to practices that express a desire for them and that are not served by their own labs. A practice that performs rapid flu tests must have a CLIA waiver.

***We don't see a reason to use the Rapid Flu Test Kits you have offered; the results will not change our management of patients.***

The Rapid Flu Test Kits are an optional incentive. We ask that you not request them if you do not wish to use them because they are expensive and our budget can supply only a limited number for our providers.

***Do you want us to exclude our immunocompromised patients from the case count?***

No. There are no exclusion criteria for patients with ILI. There are also no exclusion criteria for the total number of patients you see during a week. Simply report the number of ILI cases by the four age categories, as well as the total of number of patients seen that week.

***Can an RN who is not a Nurse Practitioner be a sentinel provider?***

No. CDC stipulates that sentinel providers are physicians, physician assistants, and nurse practitioners.

***How do I report my ILI data over the internet?***

Go to: <http://www2.ncid.cdc.gov/flu/>.

Enter your ID and password.

Click "Enter Data."

Find the date code based on the last day of the week for which you are reporting.

Enter ILI data based on age group of patients seen for the week.

Enter the total number of patients seen for the week.

Click "No" if you have not already entered data for the week (sometimes people go back and make corrections, in that case you would click "Yes").

Click "Submit" and your data will be sent to CDC.

***We do not use the Internet; can our practice still participate?***

Yes. The last page of the CDC workbook contains instructions for faxing in your reports. Simply copy the last page and use it as a template. Fill in the counts, and fax the sheet to the toll-free number shown at the bottom of the page.

***We used to telephone in our counts; can we still do that?***

No. We're sorry but CDC has discontinued reporting by phone.

***What should we do if we see a suspect avian flu case?***

If you suspect avian influenza A (H5N1), you will need to contact your local health department. Testing will then be considered on a case-by-case basis for hospitalized or ambulatory patients with:

- a. Documented temperature of  $>38^{\circ}\text{C}$  ( $>100.4^{\circ}\text{F}$ ), AND
- b. One or more of the following: cough, sore throat, shortness of breath, AND
- c. History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset. A list of affected countries is available at [http://www.who.int/csr/disease/avian\\_influenza/avian\\_faqs/en/index.html](http://www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html)

***How and when can we get results from the specimens we sent to VRDL?***

Your results will come to you by mail from VRDL. The results will arrive 1-3 weeks after your specimen submittal. Negative results take longer for final confirmation than do positive results.

***Can we get replacement specimen kits?***

Yes. We provide each practice with three kits. Each time you send VRDL a kit with specimens, we will send you a replacement kit. If you find you do not have enough kits, please let us know and we can send you more.

***Can we get replacement rapid test kits?***

Yes, depending on our resources. We usually do not send out more than two boxes of rapid test kits per practice (each box contains 25 rapid tests). If you are a large practice and need more, we will consider your request in light of how many kits we have left for the season.

***Who should we call if we have questions about the program?***

If you have questions, please do not hesitate to contact Erica Boston ([eboston@dhs.ca.gov](mailto:eboston@dhs.ca.gov); (510) 620-3846) or Dr. Charlotte Wheeler ([cwheeler@dhs.ca.gov](mailto:cwheeler@dhs.ca.gov); (510) 620-3434).

***Some of my colleagues wish to participate in the network; can they sign up?***

Yes. We are always looking for good reporters for our network, and in certain counties, such as Los Angeles and San Bernardino, we have a critical lack of providers. Either have your colleagues contact us at the emails/phones given above, or give us your colleagues' names and contact information, and we will get in touch with them.